

IN THE CIRCUIT/COUNTY COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

CASE NO: _____

Plaintiff/Petitioner or In the Interest of

vs.

Defendant/Respondent

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable up to 1 year in jail or up to \$1,000 in fines, as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information provided on this application is true and accurate to the best of my knowledge.

Signed on _____, 20____.

Year of Birth Last 4 digits of Driver License or ID Number
Email address: _____

Signature of Applicant for Indigent Status

Print Full Legal Name: _____
Phone Number/s: _____

Address: Street, City, State, Zip Code

Notice to Applicant: If you qualify for civil indigence, the filing and summons fees are waived; other costs and fees are not waived.

1. I have _____ dependents. (Do not include children not living at home and do not include a working spouse or yourself.)
2. My take home pay is \$ _____ paid ☐ weekly ☐ every two weeks ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____.
Include cash payments. Include only your "net" pay. Your take home pay (net income) is your total salary and wages minus deductions required by law, including court-ordered support payments.
3. I have other income paid ☐ weekly ☐ every two weeks ☐ semi-monthly ☐ monthly ☐ yearly ☐ other _____.
(Check "Yes" and fill in the amount if you have this kind of income, otherwise check "No")
- | | |
|---|--|
| Social Security benefits _____ ☐ Yes \$ _____ ☐ No | Workers Compensation _____ ☐ Yes \$ _____ ☐ No |
| Unemployment compensation _____ ☐ Yes \$ _____ ☐ No | Regular support from _____ ☐ Yes \$ _____ ☐ No |
| Union payments _____ ☐ Yes \$ _____ ☐ No | absent family members _____ ☐ Yes \$ _____ ☐ No |
| Retirement/pensions _____ ☐ Yes \$ _____ ☐ No | Rental income _____ ☐ Yes \$ _____ ☐ No |
| Trusts _____ ☐ Yes \$ _____ ☐ No | Dividends or interest _____ ☐ Yes \$ _____ ☐ No |
| Veterans' benefits _____ ☐ Yes \$ _____ ☐ No | Other income not on the list _____ ☐ Yes \$ _____ ☐ No |

I understand that I will be required to make payments for costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Check "yes" and fill in the value of the property, otherwise check "No")
- | | |
|--|---|
| Cash _____ ☐ Yes \$ _____ ☐ No | Bank/Savings account _____ ☐ Yes \$ _____ ☐ No |
| Car/Motor vehicle* _____ ☐ Yes \$ _____ ☐ No | Stocks/bonds/cert. of deposit _____ ☐ Yes \$ _____ ☐ No |
| Money market accounts _____ ☐ Yes \$ _____ ☐ No | Homestead real estate _____ ☐ Yes \$ _____ ☐ No |
| Boats/other tangible property* _____ ☐ Yes \$ _____ ☐ No | Non-homestead real estate* _____ ☐ Yes \$ _____ ☐ No |
| *show loans on these assets in paragraph 5 | |
| Other assets* _____ ☐ Yes \$ _____ ☐ No | |

Check one: I ☐ DO/ ☐ DO NOT expect to receive more assets in the near future. The asset and value is _____

5. I have total liabilities and debts in the amount of \$ _____, I have loan balances on assets in paragraph 4:
Car/Motor Vehicle \$ _____; Homestead \$ _____; Non-homestead real estate \$ _____; Boat \$ _____
Other tangible property (identify here) _____ and loan balance \$ _____

CLERK'S DETERMINATION

Based on the information in this application, I have determined the applicant to be () Indigent () Not Indigent, according to s. 57.082, F.S.

Dated on _____, 20____.

Clerk of the Circuit Court

By _____, Deputy Clerk

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW.

Sign here if you want the judge to review the clerk's decision _____